	IN THE	COURT OF THE STATE OF OREGON
	FOR THE CO	UNTY OF
	CATE OF OREGON Plaintiff, v. Defendant. DB:) CASE NO:
fitı	ness to proceed pursuant to ORS 161.37	
De	efendant appeared in custody / out of cu	stody, with counsel, OSB #
cri	me classification):	with the following offenses (listed in order of seriousness by isd/Viol: Maximum Sentence: Booking Date:
Ba	Recommendation from the commu Information from the local entity the The Court's inquiry and observation The defense counsel's representation Witness testimony from State's wire Witness testimony from Defendant The parties' stipulation that Defendent	5 by a certified evaluator,, dated; nity mental health program (CMHP); nat would be responsible for community treatment; on of Defendant at the hearing; on; tnesses:; s's witnesses:;
TI	HE COURT, being fully informed, FIN	DS:
1.	The Defendant is not fit to proceed;	
2.		arging instrument is a FELONY. Defendant, who is at least 18 care due to: (a) public safety concerns; or (b) the acuity of

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- 6. Disclosure of Records:
 - a. Medical Providers: Any public bodies and private medical providers, in possession of records concerning Defendant shall release those records to OSH for the purpose of, and use in,

Defendant's booking/arrest date, giving credit for each day Defendant is held in jail both before

and after Defendant's commitment under this Order.

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Defendant's fitness to proceed. These documents shall be provided to OSH within **5 business days** of receipt of this Order. The Oregon Youth Authority, the Department of Corrections, a community college district or service district, a public university, a school or education service district must, after notifying OSH, provide the requested records within 15 business days of receipt of this Order unless good cause exists.

- b. [(Optional; check if applies) Substance Use Treatment Records: To the extent any information or records described in subsection 6(a) of this Order relate to a substance use disorder diagnosis or treatment, as defined in 42 C.F.R. Part 2, ORS 430.399(6) and ORS 430.475(2), the court finds that: (i) disclosure is not for the purpose of criminal investigation and prosecution; (ii) the information or records shall be used solely for the purpose of evaluating Defendant's fitness to proceed; (iii) other ways of obtaining the information are not available or would not be effective; and (iv) the public interest in and need for disclosure outweigh the potential injury to Defendant's relationship with treatment providers. The court orders any public bodies and private providers to disclose to OSH the minimally necessary records and information that is essential to fulfill the objectives of this Order.
- c. Parties and Sheriff's Office/Department: The District Attorney, defense attorney, and Sheriff's Office/Department shall provide all non-privileged pertinent information about Defendant to OSH within **5 business days** of this Order.
- d. Disclosure to Defense Counsel:
 - (i) The OSH certified forensic evaluator, who issued the report pursuant to ORS 161.365 or ORS 161.370, may disclose Defendant's information protected under state and federal privacy laws to defense counsel pursuant to this Order.
 - (ii) Upon written request to the OSH Records Custodian, OSH may disclose to defense counsel Defendant's designated medical record or protected health information. Nothing in this Order permits disclosure of Defendant's patient records and information, otherwise prohibited by law, to the State or any other entity or individual not specified in this Order.

NOTICE OF FIREARMS PROHIBITION

The court has found that Defendant is not able to assist their lawyer represent them in their criminal case. As a result, federal law prohibits Defendant from having or buying firearms (guns or ammunition). The Oregon Judicial Department is required to report to the Oregon State Police that this firearms restriction applies to Defendant.

Further proceedings are set for hearin	g in Courtroom on at	<u> </u>
DATED:		
	Circuit Court Judge	
Defense Attorney	Deputy District Attorney	
Name:	Name:	
Address:	Address:	
Email:	Email:	
Ph. No.:	Ph. No.:	